

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022603

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

128

Primary Registration District No.

2000

Registrar's No.

958

STATE FILE NUMBER

FILED JUL 2 1962

## 1. PLACE OF DEATH

a. COUNTY **Greene**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **Springfield**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **Burge-Protestant Hosp.**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Greene**

c. CITY  
OR  
TOWN **Springfield**

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS (If outside, give location)  
**917 Eagle**

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First  
**MATTIE**

Middle  
**HARGIS**

Last  
**GEORGE**

4. DATE OF DEATH  
Month Day Year  
**June 18, 1962**

5. SEX  
**Female**

6. COLOR OR RACE  
**White**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**3-22-01**

9. AGE (last birthday)  
**61**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Housewife**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
**Webster Co., Mo.**

12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**Dave Hargis**

13b. MOTHER'S MAIDEN NAME

**Pettigrew**

14. NAME OF HUSBAND OR WIFE

**Pleamond George**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**no**

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
**Pleamond George, Springfield, Mo.**

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Malignant lymphoma**

INTERVAL BETWEEN  
ONSET AND DEATH  
**15 months**

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ N. ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **9-1-61** to **6-18-62** and last saw **rel.** on **6-18-62**

Death occurred at **1:53 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

**315 Prof. Bldg.  
Springfield, Missouri**

22c. DATE SIGNED

**6-22-62**

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

**Burial**

23b. DATE

**6-20-62**

23c. NAME OF CEMETERY OR CREMATORY

**Seymour Masonic Cem.**

23d. LOCATION (City, town, or county)

**Seymour, Missouri**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**H. C. Ferrell, Rogersville, Mo.**

25. DATE RECD. BY LOCAL REG.

**6-25-62**

26. REGISTRAR'S SIGNATURE

**Effie S. Melton**

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS 300  
Rev. 4/59

1 0397

2 0397

3

4 1

5 1

6

7 0

8 0

9 200-2

10

11

12 1-0

13

John W. Paek  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUL 13 1962

Permit issued 6-18-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Mr. H. Ferrell

Licensed Embalmer No. 4910

P. O. Address Rogersville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.